



filed by
Sandi Lemanski
04/14/06

Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 05-10003-NMG	
DEFENDANT(s) DENNIS ALBERTELLI, et al.,		TYPE OF PROCESS Restraining Order	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Suffolk County Registry of Deeds		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 24 New Chardon Street, Boston, MA 02114		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times) Please record the attached Restraining Order at the above-named entity. The property being restrained is 334 Beacon Street, Unit 9, Boston, MA. For Title to the property, see Quitclaim Deed recorded at Book 22460, Page 248. LJT x3364			
Signature of Attorney or other Originator requesting service on behalf of <i>Kristina E. Barclay / LJT</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date March 2, 2006	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>[Signature]</i>
			Date 10/14/06
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Signature, Title and Treasury Agency	
REMARKS: <i>SA Sandi Lemanski filed RC on 4/14/06</i>			

TD F 90-22.48 (6/96)